

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09819864 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.			*			*		
	1						51			51			51	
2							52			52			52	
3							53			53			53	
4							54			54			54	
5							55			55			55	
6							56			56			56	
7							57			57			57	
8							58			58			58	
9							59			59			59	
10							60			60			60	
11							61			61			61	
12							62			62			62	
13							63			63			63	
14							64			64			64	
15							65			65			65	
16							66			66			66	
17							67			67			67	
18							68			68			68	
19							69			69			69	
20							70			70			70	
21							71			71			71	
22							72			72			72	
23							73			73			73	
24							74			74			74	
25							75			75			75	
26							76			76			76	
27							77			77			77	
28							78			78			78	
29							79			79			79	
30							80			80			80	
31							81			81			81	
32							82			82			82	
33							83			83			83	
34							84			84			84	
35							85			85			85	
36							86			86			86	
37							87			87			87	
38							88			88			88	
39							89			89			89	
40							90			90			90	
41							91			91			91	
42							92			92			92	
43							93			93			93	
44							94			94			94	
45							95			95			95	
46							96			96			96	
47							97			97			97	
48							98			98			98	
49							99			99			99	
50							100			100			100	
TOTAL IND.							TOTAL IND.	14		TOTAL IND.	14		TOTAL IND.	14
TOTAL DEP.							TOTAL DEP.	44		TOTAL DEP.	44		TOTAL DEP.	44
TOTAL CLAIMS							TOTAL CLAIMS	58		TOTAL CLAIMS	58		TOTAL CLAIMS	58